	PATENT	APPLI	CATION	ersons are required FEE DETERM	o respond	to a codec	tion of inf	ademark (ormation u	Office: U.S Mess is dis	S. DEPARTME	NT OF COME	
			Substitute	for Form PTO-87	114 IIO 5	M REC	ORD		129	ication or Ooct	el Number -	
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FOR		Man		(Cotumn		SMALL ENTITY		ATITY	OR	SMA	HER THAN ALL ENTITY	
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TOTAL CLAULE							+	FEE	┨	RATE	FEE	
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			minus 3 =	•	- 1	X s_	.]		1	^ <u>`</u>	-	
MULTIPLE DEPE				R 1.16(d))		=	-+		OR	X 5=		
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						TOTA	.	7	00			
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4-19-0	S (Column											
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E ///	REMAIN	ING	. HIG	MEST MBER PRESE		Oliva	LL ENTI	17	-	SMALL	ENTITY	
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\$	Lak	1	1.	3	7 6				OR L	x : <u>50</u> =		
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FIRST PRESENTA	TION OF MULTIP	LE DEPEN	DENT CLAIR		× •	<i>100=</i>		OF	x x s	200	200	
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he entry in and	Lis less than		n cotumn 2 w		ADDIL	ee l		I	TOTAL			

ADD1 FEE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.